

MONTANA

BUSINESS & LABOR

EXHIBIT NO. 13DATE 3-13-09BILL NO. HB 390**MEDICAL
ASSOCIATION**

2021 Eleventh Avenue • Helena, Montana 59601-4890

Telephone 1-406-443-4000 FAX 1-406-443-4042

Toll Free Intrastate 1-877-443-4000

<http://www.mmaoffice.org> e-mail: mma@mmaoffice.org

March 13, 2009

Friday

TO: ***EACH MEMBER
SENATE BUSINESS, LABOR AND ECONOMIC AFFAIRS COMMITTEE***

FROM: ***TERS H MCCracken, M.D., FACOG, DEPARTMENT OF OBSTETRICS & GYNECOLOGY,
BILLINGS CLINIC, AND MEMBER, MMA COMMITTEE ON LEGISLATION***

Dear Senator:

HB 390, the bill to license outpatient birth centers is a bill, that left unamended, is bad for Montana women and babies. Please vote no on the bill after you hear it in committee today.

Remember that that licensure conveys to the public the State's stamp of approval on safety and quality. Proponents of the bill have already shown that they are resistant to basic safety measures such as a transfer arrangement or physician oversight. These are minimal requirements for basic safety. Imagine the disasters that could occur in the middle of the night with a delivery that is going bad, and no back up arrangement previously arranged.

Don't be fooled into thinking that this measure is anything but a way to strengthen lay midwifery in Montana. How would you feel if they opened an Home Appendectomy Center in Bozeman so that appendectomies could be performed by people without professional training and a minimum of a high school graduate level of education? Seems ludicrous, but more women die in childbirth than they do having appendectomies. I am not sure why we tolerate this level of care in Montana.

Although the centers are supposed to be for limited to low risk patients the midwives want to use their own definition of low risk, and not the definitions commonly used by trained obstetrical care providers. The vaginal birth after cesarean section (VBAC) issue in Bozeman is a prime example of this. VBACS are considered to be too high risk to be done at Bozeman Deaconess Hospital, but I understand they are being done at the "low risk" birth center in Bozeman. I think it is fine that woman should be able to choose to risk their own lives in these centers, but the state should not be an accomplice to this.

It needs to be remembered that the nature of obstetrics is that low risk deliveries turn into disasters very quickly and often without warning. Postpartum hemorrhage is a good example of this. It happens without warning, requires intensive medical intervention, and can be deadly. We avert this disaster by delivering patients in the hospital where blood, fluid, and resuscitation equipment and staff are immediately available. They are of course rarely needed, but when they are needed they are needed immediately.

As an obstetrician who has practiced in Montana for 17 years, most of my objections come from an obstetrical perspective. The pediatric perspective must also be considered. Newborn babies will also be assessed and cared for at these centers. What provisions do they have for babies that are difficult to resuscitate or require immediate medical attention? I recall a case in Missoula a few years ago where the lay midwife treated the baby's umbilical cord with clay. The baby developed tetanus, and I think it succumbed, or at least was very sick.

Please do not put the Montana's stamp of approval on outpatient birth centers run by lay midwives without the supervision of physicians or a previously arranged transfer arrangement. The lives of Montana women and babies are at stake.

Thanks for considering my concerns.